

Social and Patient Education History

Chart #:

Today's Date:

Signature:

Updated On:

Updated On:

Updated On:

Name:

Birth date

Age

Sex

Social History:

Household Members: *(identify primary support person with an "**")*

Name	Age	Relationship	Smoker?		# ppd
			Yes	No	
Self		N/a			
*					
Heat your home by wood?					

Third Party Billing Information: *(ask patient specifically: "Do you have . . . ?")*

Coverage	Yes	No	List Company Name:
General Assistance (GA)	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Assistance (MA)	<input type="checkbox"/>	<input type="checkbox"/>	
Medicare Part A	<input type="checkbox"/>	<input type="checkbox"/>	
Medicare Part B	<input type="checkbox"/>	<input type="checkbox"/>	
Minnesota Care	<input type="checkbox"/>	<input type="checkbox"/>	
Private Insurance	<input type="checkbox"/>	<input type="checkbox"/>	

Work Information:

	Yes	No		
Are you currently employed:			Where?	Type of Work?
Have you done other kinds of work?			List:	

Spirituality:

What is your religious/spiritual Belief system?	Traditional		
	Catholic		
	Episcopal		
	Protestant		
	Other		
What (if any) aspects of your religion/spirituality Would you like us to keep in mind as we care for you?			
Do you wish to speak to a	Traditional Healer?		
	Priest?		
	Minister?		

Education/Learning History:

"REALM" generated literacy level:		
Highest grade in school completed:		
How do you prefer to learn?	One-to-one	
	Written	
	Doing	
	Verbal	
	Video	
	In-depth info	
	Just the basics	
	Group	
	Return demo	

Barriers to Learning:

Physical Barriers	Vision	
	Hearing	
	Ambulation	
	Gross motor skill deficits	
	Fine motor skill deficits	
Health-related barriers	Chronic pain	
	Confused	
	Sedated	
	Knowledge deficit r/t diagnosis	
Psycho-social barriers	Literacy	
	Language	
	Age-related	
	Documented Hx of psych. Disorders in MR	
	Documented Hx of substance use in MR (more than one time)	
	Documented Hx of self-destructive behavior in MR	
	"CAGE" ASSESSMENT SCORE	